

Please type a plus sign (+) inside this box → ☐

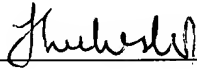
RPTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031

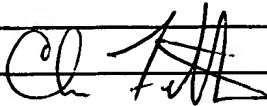
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO TRANSMITTAL FORM (to be used for correspondence after initial filing) APR 05 2007	Application Number	10/729,795	
	Filing Date	December 5, 2003	
	First Named Inventor	Walters	
	Group Art Unit	1644	
	Examiner Name	Skelding, Z. S.	
Total Number of Pages in This Submission	7	Attorney Docket Number	011823-012510US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (orig. + 1 cc.) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return receipt postcard 2) Two (2) references 3) Supplementary European Search Report
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Total number of pages <u>does not</u> include cited references.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Joe Liebeschuetz Reg No. 37,505
Signature	
Date	April 2, 2007

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 2, 2007	
Typed or printed name	Christopher R. Fitting
Signature	
Date	April 2, 2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

61020397

Effective on 12/08/2004.

Filed pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

APR 05 2007

For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180.00)

Complete if Known

Application Number	10/729,795
Filing Date	December 5, 2003
First Named Inventor	Walters
Examiner Name	Skelding, Z. S.
Art Unit	1644
Attorney Docket No.	011823-012510US

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP = _____ x _____		\$ _____	\$0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP = _____ x _____		\$ _____	\$0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

Fees Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,505	Telephone (650) 326-2400
Name (Print/Type)	Joe Liebeschuetz		Date April 2, 2007

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT
Attorney Docket No.: 011823-012510US
Client Reference No.: 1065.20US

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On

4/2/07

APR 05 2007

TOWNSEND and TOWNSEND and CREW LLP

Ch Felt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ian Walters

Application No.: 10/729,795

Filed: December 5, 2003

For: METHODS OF TREATMENT OF
ULCERATIVE COLITIS WITH ANTI-
CD3 ANTIBODIES

Confirmation No.: 2275

Examiner: Zachary S. Skelding

Art Unit: 1644

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER
37 CFR §1.97 and §1.98

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on the attached PTO/SB/08A and PTO/SB/08B forms are being called to the attention of the Examiner. Copies of the references are enclosed.

Also enclosed is a copy of the Supplementary European Search Report for the corresponding European application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

04/05/2007 NHGUYEN1 00000126 201430 10729795
01 FC:1806 186.00 DA

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance. Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Joe Liebeschuetz
Reg. No. 37,505

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
JOL:crf

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/729,795
				Filing Date	December 5, 2003
				First Named Inventor	Walters
				Art Unit	1644
				Examiner Name	Zachary S. Skelding
Sheet	2	of	2	Attorney Docket Number	011823-012510US

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.